

**STARK COUNTY  
REQUEST FOR TAXPAYER IDENTIFICATION FORM**

NAME \_\_\_\_\_  
(IF PART OF A CORPORATION, PLEASE LIST ITS NAME RATHER THAN THE INDIVIDUAL PROVIDING THE SERVICE)

ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

TAXPAYER IDENTIFICATION NUMBER:

INDIVIDUAL

SOCIAL SECURITY NUMBER  
\_\_\_\_\_

GROUPS, PARTNERSHIPS,  
CORPORATIONS, ETC.

EMPLOYER IDENTIFICATION UMBER  
\_\_\_\_\_

ARE YOU A CORPORATION:

YES \_\_\_\_\_ NO \_\_\_\_\_

PAYMENTS ARE TO BE MADE FOR: (CHECK ONE)

GENERAL SERVICE \_\_\_\_\_ MEDICAL \_\_\_\_\_ RENT \_\_\_\_\_ LAND PURCHASE \_\_\_\_\_ OTHER \_\_\_\_\_  
EASEMENT \_\_\_\_\_

IF OTHER, PLEASE DESCRIBE WHAT PAYMENT IS FOR \_\_\_\_\_

CERTIFICATION:

1. THE NUMBER SHOWN ON THIS FORM IS MY CORRECT IDENTIFICATION NUMBER.
2. AS OF THIS DATE, I HAVE NOT BEEN NOTIFIED BY THE INTERNAL REVENUE SERVICE THAT I AM SUBJECT TO BACKUP WTHHOLDING.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**NOTE: PAYMENT WILL BE DELAYED UNTIL COMPLETED FORM  
IS RETURNED.**